

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1				51	
2		1		1			52	
3		2		1			53	
4		0					54	
5		0					55	
6		0		1			56	
7							57	
8							58	
9							59	
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41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	1		1				TOTAL IND.	
TOTAL DEP.		3		1			TOTAL DEP.	
TOTAL CLAIMS	1	3	1	1			TOTAL CLAIMS	

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